

CONSENT BETWEEN EMPLOYER AND EMPLOYEE

STATE OF MAINE
WORKERS' COMPENSATION BOARD
STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER *****YYYEYÄ	7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

18. TERMS OF CONSENT:			
18A. DATE OF INCAPACITY:	18B. AVERAGE WEEKLY WAGE:	18C. CURRENT WEEKLY COMPENSATION RATE: <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	18D. DOES EMPLOYEE WORK FOR ANOTHER EMPLOYER? IF YES, GIVE NAME(S): <input type="checkbox"/> YES <input type="checkbox"/> NO
18E. NEW COMPENSATION RATE:	18F. EFFECTIVE DATE OF REDUCTION:	18G. EFFECTIVE DATE OF DISCONTINUANCE:	18H. AMOUNT PAID:

NOTICE TO EMPLOYEE (Please read and initial)

19.
BEFORE YOU SIGN THIS FORM, YOU SHALL CALL THE WORKERS' COMPENSATION BOARD'S OFFICES TO FIND OUT WHAT RIGHTS YOU HAVE IF YOU SIGN THIS FORM. A LIST OF THE BOARD'S REGIONAL OFFICES IS SHOWN AT THE BOTTOM OF THIS PAGE.

EMPLOYEE INITIALS: _____

NOTICE TO EMPLOYER

THIS FORM SHALL NOT BE USED FOR CASES WHEN AN ORDER, AWARD OF COMPENSATION OR A COMPENSATION SCHEME WAS ENTERED UNDER SECTION 205 (9)(B)(2).

CONSENT

20.
WE AGREE TO THE TERMS LISTED IN BOX 18 ABOVE. WE UNDERSTAND THAT THIS IS NOT A FINAL SETTLEMENT. SIGNING THIS CONSENT FORM CREATES A PAYMENT WITHOUT PREJUDICE, DOES NOT CREATE A PAYMENT SCHEME, AND DOES NOT PREVENT EITHER PARTY FROM REOPENING THE CLAIM WITHIN CERTAIN TIME LIMITS. THIS FORM MUST BE SIGNED BY THE EMPLOYEE, EMPLOYEE'S ATTORNEY OR WORKER ADVOCATE IF ANY, AND THE EMPLOYER/INSURER OR BY A DULY AUTHORIZED REPRESENTATIVE.

EMPLOYEE SIGNATURE _____ DATE _____

EMPLOYEE'S AUTHORIZED REPRESENTATIVE SIGNATURE (IF APPLICABLE) _____ DATE _____

EMPLOYER/INSURER OR AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE _____

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA

24 STONE ST, STE 102
AUGUSTA, ME
04330-5220
(207) 287-2308
1-800-400-6854

BANGOR

106 HOGAN RD
BANGOR, ME
04401-5638
(207) 941-4550
1-800-400-6856

CARIBOU

ONE VAUGHN PL
43 HATCH DR, STE 110
CARIBOU, ME 04736
(207) 498-6428
1-800-400-6855

LEWISTON

36 MOLLISON WAY
LEWISTON, ME
04240-7777
(207) 753-7700
1-800-400-6857

PORTLAND

62 ELM ST
PORTLAND, ME
04101-3061
(207) 822-0840
1-800-400-6858

21. PREPARER NAME AND TITLE (TYPE OR PRINT):	22. TELEPHONE NUMBER:	23. DATE MAILED:
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The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.
WCB-4A (eff. 1/1/13)